



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR REINSTATEMENT OF LAPSED LICENSE
INSTRUCTION SHEET**

When to Apply for Reinstatement

This application is for reinstating the following types of lapsed licenses:

- Cosmetologist
- Barber or Master Barber
- Aesthetician
- Electrologist
- Nail Technician
- All Instructor types

Do **not** use this application for lapsed Cosmetology/Barbering Establishment or School registrations. If you fail to [renew the registration](#) by the end of the late period, you must [reapply](#) for registration.

If you do not renew your license before the expiration date, your license will lapse. ***It is illegal to practice in Delaware while your license is lapsed.*** To resume practicing, you must first renew or reinstate your license, depending on how long it has been lapsed. If you don't know how long your license has been lapsed, look it up at [Search & Verify a Professional License](#) before filing this application.

- If your license has been lapsed ***less than one year***, you may ***renew*** it by submitting a [renewal application](#). You must pay a late fee. Do **not** file this reinstatement application form in this situation.
- If your license has been lapsed for ***more than one year***, you must apply for ***reinstatement***. The requirements you must meet to reinstate your license depend on how long the license has been lapsed, as shown in this table:

IF you file this application...	THEN follow the instructions in <i>BOTH</i> of these sections:	EXAMPLE
more than one year but less than four years after the expiration date on your license	<ul style="list-style-type: none">• Requirements for All Reinstatement Applicants• Additional Requirement for Licenses Lapsed Between One and Four Years	Your license expired 3/2012. It is now 6/2015. You must <ul style="list-style-type: none">• file this reinstatement application because you can no longer apply to renew it online• enclose the reinstatement fee for a license that has been lapsed between one and four years.
four or more years after the expiration date on your license	<ul style="list-style-type: none">• Requirements for All Reinstatement Applicants• Additional Requirements for Licenses Lapsed Four or More Years	Your license expired 3/2008. It is now 6/2015. You must <ul style="list-style-type: none">• file this reinstatement application because you can no longer apply to renew it online• enclose the reinstatement fee for a license that has been lapsed over four years• select a reinstatement method under <i>Additional Requirements for Licenses Lapsed Four or More Years</i> and meet the requirements for that method.

Remember that it is illegal to resume practicing in Delaware before a reinstated license is issued to you.

Requirements for *All* Reinstatement Applicants

- ☐ Submit a completed, signed and notarized [Application for Reinstatement of Lapsed License](#).
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirement for Licenses Lapsed Between One and Four Years

- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to “State of Delaware”. Select the fee for your license type from the column headed “Reinstatement Between 1-4 Years After Lapse.”

Additional Requirements for Licenses Lapsed Four or More Years

- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to “State of Delaware”. Select the fee for your license type from the column headed “Reinstatement Over 4 Years After Lapse.”
- ☐ Choose one of these four reinstatement methods and complete the requirements for the method you choose. If you are applying to reinstate an Instructors license, you must choose from methods 2 – 4.

1. **Apprenticeship** – When you choose this method, the reinstatement application is also an application for an Apprentice license. ***You must be approved for the Apprentice license before you begin working as an apprentice!*** The apprenticeship hours required are:

- Cosmetologist, Master Barber or Barber – 1000
- Electrologist or Aesthetician – 200
- Nail Technician - 85

At the end of your apprenticeship, your supervisor must complete and submit a *Verification of Completion of Apprenticeship* form to the Board.

2. **Classroom Hours** – The classroom hours required are:
 - Cosmetologist, Master Barber or Barber – 500
 - Electrologist or Aesthetician – 100
 - Nail Technician - 45

When you complete the hours, the school must submit a certification of satisfactory performance to the Board.

3. **Examination** – You must re-take the *practical* portion of your professional board examination. If you choose this method, the Board office will send you the exam registration form and candidate information.
4. **Reciprocity** – You may choose this method if you
 - hold a current license in good standing in another state, the District of Columbia, or U.S. territory **and**
 - have been continuously employed in your profession for at least one year immediately before you request reinstatement.

If you apply by this method, arrange for the Board office to receive the following documents:

- ☐ It is strongly recommended that you use the *Verification of Licensure for Reciprocity Applications* form at the end of this application to request the verification. If you are reinstating a Delaware Master Barber, the verification from the jurisdiction where you hold a current, equivalent license must reflect that you are allowed to perform chemical processing.
- ☐ Request your employer in a jurisdiction where you are currently licensed to submit a notarized statement certifying that you continuously practiced in the field for which you seeking Delaware licensure for at least one year before filing this reinstatement application. The letter must be sent *directly* from the employer to the Board office.



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APPLICATION FOR REINSTATEMENT OF LAPSED LICENSE

TYPE OF APPLICATION

1. Enter the following information about the license(s) you wish to reinstate

Type(s): ☐ Cosmetologist ☐ Barber ☐ Master Barber ☐ Electrologist ☐ Nail Technician
☐ Aesthetician ☐ Instructor

Enter your lapsed Delaware license number: _____ - _____ Expiration Date: _____

If you don't know your license number or how long it has been lapsed, look it up at www.dpr.delaware.gov – click [Search & Verify a Professional License](#). Do not leave this blank.

2. Select the situation that applies to you (check one):

☐ My license lapsed more than one year but less than four years ago. *Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.*

☐ My license lapsed more than four years ago. *Continue with the next question.*

3. Select the method (see Instruction Sheet) by which you wish to reinstate your license (check one).

☐ I hold a current license in another jurisdiction where I have practiced my profession continuously for at least one year before filing this application.

☐ I will serve an apprenticeship. I understand that this is also an application for an Apprentice license.

☐ I will enroll in a registered school to obtain classroom hours.

☐ I will re-take the practical examination.

IDENTIFYING AND CONTACT INFORMATION – All applicants must complete this section.

4. Full Name: _____
First Middle Family (Last)

5. Other Names Used: ☐ None _____
(Include maiden, former married names, alternative spellings.)

6. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

7. Do you have a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

8. Mailing Address: _____

City State Zip

9. Phone: _____ Email: _____

APPRENTICESHIP – This section pertains only to applicants who are applying for reinstatement by **apprenticeship**.

INFORMATION ABOUT SHOP/SALON

This box is to be completed and signed by the shop owner.

The applicant named above must have an Apprentice license before beginning work as an apprentice. The shop/salon must have at least one person on staff who is licensed in the apprentice's profession.

Name of Shop: _____ Phone: _____

Location Address: _____
Street

City _____ State _____ Zip _____

Owner Name(s): _____

Professional (not Business) License Number of Shop/Salon: **M9** - _____

Shop Owner's Signature: _____ Date: _____

SUPERVISION INFORMATION

This box is to be completed and signed by the Supervisor.

The applicant named above must have an Apprentice license before beginning work as an apprentice. Each supervisor is permitted to supervise two apprentices at a time.

Name of Supervisor: _____ License Number: _____ - _____

Do you agree to report the apprenticeship hours accrued by this apprentice when the apprentice leaves your supervision, regardless of the reason for the apprentice's departure? Yes ☐ No ☐

Anticipated Apprenticeship Start Date: _____

How many hours will the apprentice be working? _____ hours per day _____ days per week

Supervisor's Signature: _____ Date: _____

CLASSROOM HOURS – This section pertains only to applicants who are applying for reinstatement **by classroom hours**.

INFORMATION ABOUT THE SCHOOL

This box is to be completed and signed by the school owner and instructor.

Name of School _____ Start Date: _____

I certify that the applicant named above is enrolled in this school.

Instructor's Signature: _____ Date: _____

Instructor's Delaware License Number _____ - _____ Expiration Date: _____

School Owner's Signature: _____ Date _____

LICENSURE INFORMATION – Only applicants by reciprocity complete this section.

10. List **each** state, District of Columbia or U.S. territory where you have ever held a license. (If you need more room, attach a separate sheet.)

JURISDICTION	IS THIS LICENSE CURRENT?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Board office to receive a verification of licensure *directly* from each jurisdiction listed. Use the *Verification of Licensure for Reciprocity Applications* form to request the verification. In addition, arrange for the Board office to receive a notarized statement from your employer in a jurisdiction where you hold a *current* license, sent directly from the employer to the Board office. The statement must certify that you continuously practiced in the field for which you seeking Delaware licensure for at least one year before filing this reinstatement application.

DISCLOSURES – All applicants must complete this section.

11. Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a detailed explanation. Also, submit a certified copy of your criminal history record from each jurisdiction where you have been convicted or pardoned. If you have a Delaware criminal history, see [State Bureau of Identification](#) for information on obtaining the record.**
12. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
13. Have you received any administrative penalties against your professional license such as fines, formal reprimands, license suspension or revocation, probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, submit a detailed explanation. Include copies of all appropriate records.**
14. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
15. Do you have any impairment related to drugs or alcohol that would limit your practice of cosmetology? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

If Board review of your application is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-12 weeks to receive your license.

Continue to next page

AFFIDAVIT

I certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Applicant: _____ **Date:** _____

State of _____ County or City of _____

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.**



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VERIFICATION OF LICENSURE FOR RECIPROCITY APPLICATIONS

APPLICANT INFORMATION – This section is to be completed by the applicant.

Complete this section and send this request to the licensing agency in *each* state, District of Columbia, territory or other jurisdiction where you are now, or were ever, licensed to practice. *Enclose any fee that the jurisdiction may require.*

Name: _____
First Middle Last/Family

Mailing Address: _____
Street

City State Zip

Where License Issued: _____ License Number: _____

LICENSE VERIFICATION – This section is to be completed by the Licensing Agency.

1. The person named above has been issued a licensed to practice as a(n):

☐ Cosmetologist ☐ Master Barber ☐ Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist

License No: _____ Issue Date: _____ Expiration Date: _____ Status: _____

If you checked Master Barber or Barber, is the licensee allowed to perform chemical processing? Yes ☐ No ☐

Licensure Basis: ☐ Examination ☐ Reciprocity ☐ Other: _____ Total Hours: _____

2. The person named above has been issued a licensed to practice as a(n):

☐ Cosmetologist Instructor ☐ Barber Instructor ☐ Nail Technician Instructor
☐ Aesthetician Instructor ☐ Electrologist Instructor

License No: _____ Issue Date: _____ Expiration Date: _____ Status: _____

Licensure Basis: ☐ Examination ☐ Reciprocity ☐ Other: _____ Total Hours: _____

3. Is the license(s) above in good standing with no history of disciplinary action, past or pending? Yes ☐ No ☐ **If no, enclose copies of relevant documentation of past/pending disciplinary action.**

Signature of Agency Representative: _____ Date: _____

Title: _____ State of: _____

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Return completed form *directly* to the Delaware Board of Cosmetology/Barbering at the address above.